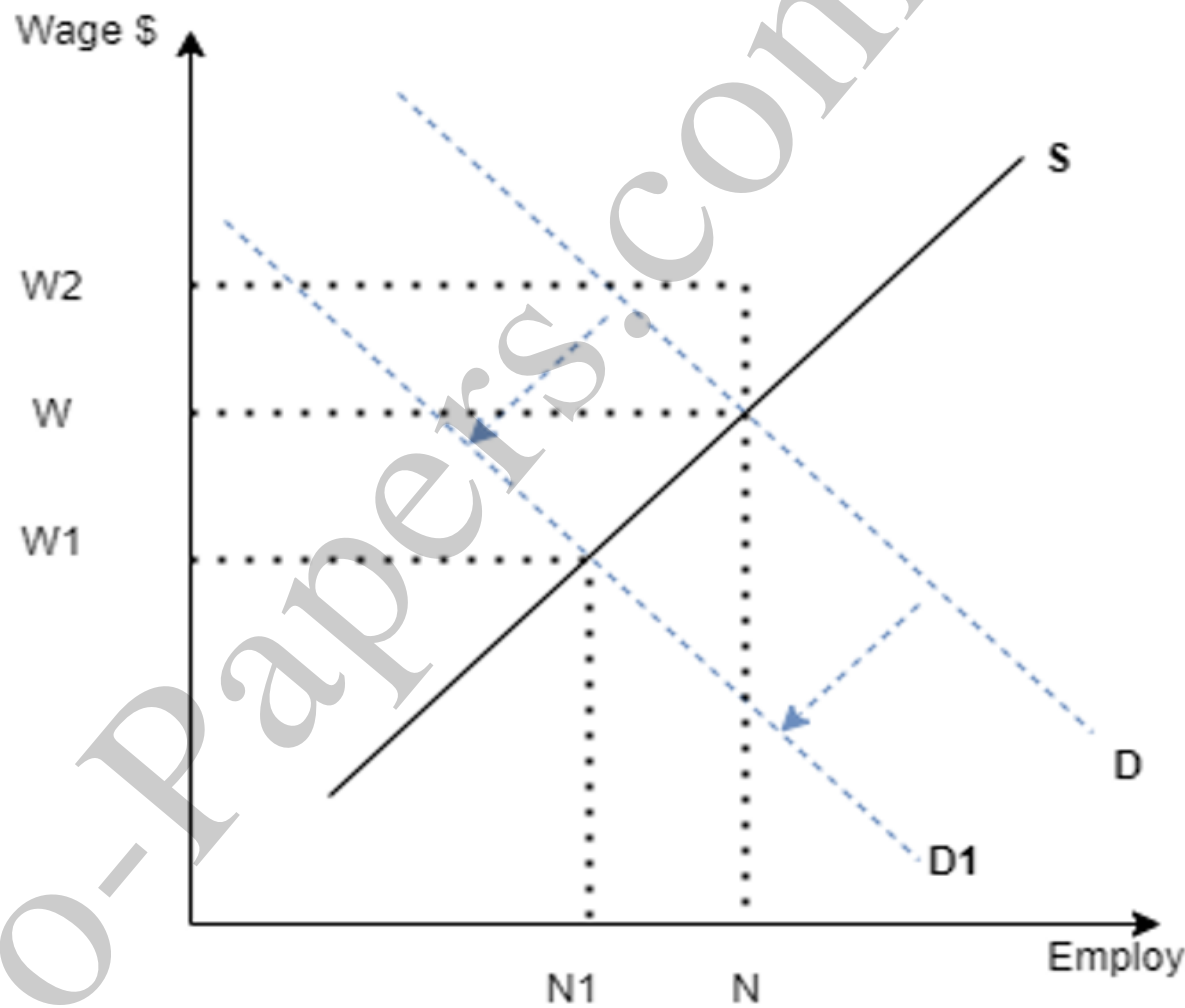
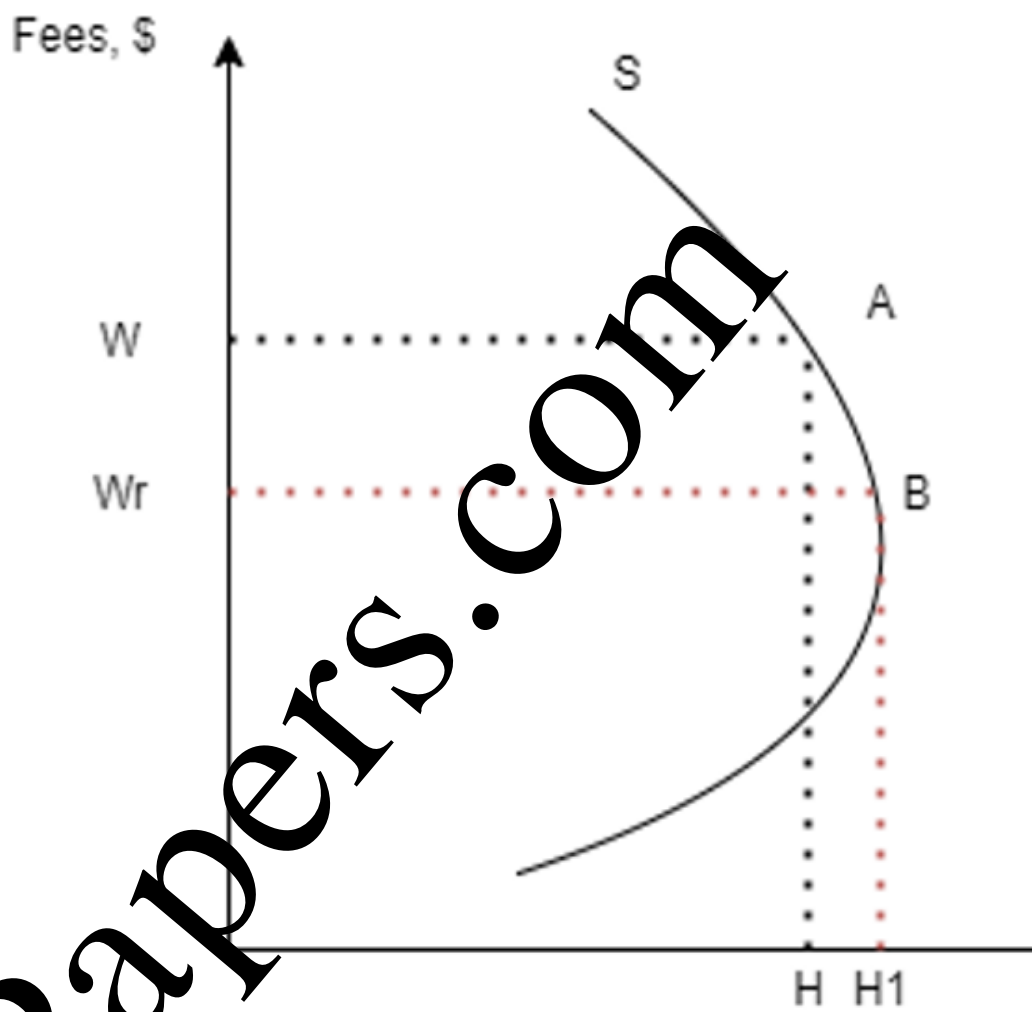




The aim of the paper is to analyze source dealing with telephone follow-up calls. Moreover, it is necessary to determine the effectiveness of intervention in reducing the readmissions rates and improving patients' outcomes.



Pro-Papers.com



	treatment. Rate of readmission was assessed as any hospitalization occurring between days 1 and 28 since release.	their health status and views about disease management. At days 30 and 84, recording of readmissions and deaths was done.	patient whether they were ready to talk, asking about transition experience, checking how well recommendations for progressive care were understood by the patient, and offering any needed help.
Analysis	Data were analyzed using independent sample t-tests, Fisher's exact statistical testing, and Chi-squared tests. The intervention effect on readmissions was estimated using the Zero-inflated negative binomial (ZINB) multivariate models	Analysis entailed presenting the continuous data in means and standard deviations, while discrete data were presented as percentages and counts. Chi-squared test and Fisher's exact test were used to compare the test and control group outcomes.	and data was analyzed using means and standard deviations for the 3-Item Care Transition Measures (CTM-3) scores for PCC versus standard care patients and also for those who received telephone calls against those who did not.
Key Findings	The test group had a 29% lower readmissions incidence within the first 28 days with 25% lower odds as compared to the control	No significant drop in readmissions was noted, but there was a significantly positive assessment of disease management, including dyspnea and lung problems, and prompt detection and communication of exacerbation to healthcare providers. Higher mortality was noted in the control group, but it was not significant.	The mean and standard deviation scores were not significantly different for the PCC and standard teams (84.7 ± 17.3 VS. 79.6 ± 17.6 , $p = 0.53$), but in both cases, patients receiving follow up calls scored better than those who did not receive them (84.7 ± 16.0 vs. 78.2 ± 17.4 , $p = 0.03$).

Recommendations	Recommendations for future studies included the inclusion of cost analysis to compare the study intervention with hospital routine post-discharge care in regard to savings.	Authors recommend finding ways of selecting and differentiating among types of follow-up to be used.	No explicit recommendations were made by the authors.
Explanation of How the Article Supports EBP/Capstone Project	This article provides sufficient evidence to support the argument that post-discharge telephone follow-ups effectively decrease readmission rates. Therefore, it confirms the PICOT question and is ideal for the capstone project.	Although the article does not directly support the argument that telephone follow-ups reduce the rate of readmissions, it shows positive outcomes in patients' disease management and ability to discuss exacerbation with the healthcare professionals, which could indirectly reduce readmissions.	This article shows a correlation between post-discharge telephone call follow up and enhanced quality of transition care, thereby reducing the rate of ED visits within 30 days after being discharged.

Pro-Papers.com

Criteria	Article 5	Article 6	Article 7
Author, Journal (Peer-Reviewed), and Permalink or Working Link to Access Article	Ebony Lewis, Sarah Samperi, Christopher Boyd-Skinner. <i>Age and Ageing</i> . https://web-a-ebscohost-com.ezproxy.snhu.edu/ehost/pdfviewer/pdfviewer?vid=0&sid=bbf9fb64-1aeb-4289-8612-d2ecc90849d3%40sdc-v-sessmgr01	Mochuan Chen, Pihong Li, Feiou Lin. <i>Patient Preference and Adherence</i> . https://web-a-ebscohost-com.ezproxy.snhu.edu/ehost/pdfviewer/pdfviewer?vid=0&sid=0ffc79bd-e185-4cdd-83c5-2126176b395f%40sessionmgr4007	Amanda Jayakody, Jamie Bryant, Mariko Carey, Breanne Hobden, Natalie Dodd and Robert Sanson-Fisher. <i>BMC Health Services Research</i> . https://web-a-ebscohost-com.ezproxy.snhu.edu/ehost/pdfviewer/pdfviewer?vid=0&sid=9047356d-9058-4e22-a46c-394f2cec38f7%40sdc-v-sessmgr02
Article Title and Year Published	“Telephone Follow-Up Calls for Older Patients After Hospital Discharge.” 2017.	“Influence of Structured Telephone Follow-Up on Patient Compliance with Rehabilitation After Total Knee Arthroplasty.” 2016.	“Effectiveness of Interventions Utilising Telephone Follow Up in Reducing Hospital Readmission Within 30 Days for Individuals with Chronic Disease: A Systematic Review.” 2017.
Research Questions (Qualitative)/Hypothesis (Quantitative), and Purposes/Aim of Study	There was no explicit research question or hypothesis, but the aim of the study was clearly stated, which was to report on the benefits of post-discharge telephone follow-ups for older adults, with a focus on duration, optimal time	A research question or hypothesis is not explicit in this study, but the aim is clearly stated. The purpose was to determine the effect of structured telephone calls on the level of compliance with recommendations for	The aim of the study was to assess the effectiveness of telephone follow-ups (TFU) in achieving a reduction in readmissions in the first 30 days after discharge for cardiovascular disease, diabetes, and chronic respiratory disease

	intervals, content, and multidisciplinary involvement in the process.	home care after total knee arthroplasty (TKA).	patients. The study question can be derived from this purpose statement since it is not explicit in the article.
Design (Type of Quantitative, or Type of Qualitative)	A qualitative phenomenological study designed to assess patient post-discharge experiences with telephone follow-ups	It was a pilot, randomized controlled trial.	It was a systematic review of the literature.
Setting/Sample	The sample consisted of older people who had been admitted to hospital for acute reasons	208 KTA patients participated and were randomly placed into either test or control group in a ratio of 1:1.	Databases reviewed include MEDLINE, EMBASE, and Cochrane Library. The systematic search yielded ten studies for review.
Methods: Intervention/Instruments	The study entailed structured telephone calls to patients three months since discharge following an acute admission. The patients or their relatives were presented with five questions, with the call lasting 6 minutes on average	The participants in the intervention group received structured calls following discharge, while the control group received only the routine health care. The researchers measured the functionality, pain, depression, and quality of life before and after the TKA for both groups, with inter and intragroup differences evaluated	The databases were searched for articles reporting on the effect of TFU on readmissions within 30 days. Only full articles fulfilling these criteria and published in English were included. The selected studies were reviewed, and their findings were considered

		during the course of 12 months since discharge.	
Analysis	No specific analysis process appears in the article, probably since this is a qualitative study.	Statistical analysis was done using the SPSS version 15 while one-way analysis of variance (ANOVA) was done to measure differences across the groups being investigated.	Data analysis entailed extraction of sample characteristics, kind of interventions used, and the inclusion of comparison groups, the outcomes tested and the measures, and the results in terms of readmissions within 30 days.
Key Findings	Most patients and/or their loved ones expressed a lack of awareness of the existence of various forms of professional support and expressed gratitude for the telephone calls. The follow-up provided a chance for them to expose their concerns and also learn about existing support structures. The study found various potential benefits of telephone follow-ups, including a reduction in readmission, identification of multiple needs of patients after discharge, and lowering mortality by decreasing	The sociodemographic characteristics of the participating groups did not present major differences in outcomes. The intervention group recorded a higher mean of home-exercise time and the number of days spent in healthy activities as compared to the control group. The intervention group also demonstrated more significant improvement in active range of motion and mental health indicators.	Five of the ten studies reported a reduction in readmissions within 30 days for the intervention group. Most studies combined TFU with other types of intervention. The researchers reported a lack of uniformity and consistency in the measuring of readmissions.

	levels of loneliness and social isolation that often lead to negative health outcomes.		
Recommendations	The authors recommend nurses to offer guidance and information to patients in the days following discharge. They also propose follow-up calls to assess the success of measures taken to help patients after release, in addition to providing social and emotional support.	The authors do not make specific recommendations, but they conclude that structured telephone follow-ups are effective in improving the level of adherence to home exercises following TKA and achieving an enhanced range of motion (ROM) and mental health.	The researchers recommend that the pre-discharge and intervention approaches be tailored to each patient group's needs to enhance the reliability of findings. They also propose priority to be given to the achievement of high quality in methodology. Multisite studies are also recommended for increased generalizability.
Explanation of How the Article Supports EBP/Capstone	The findings are relevant to the capstone project since they highlight the effectiveness of post-discharge telephone calls in reducing readmissions.	The article provides evidence for the impact of telephone follow-ups on the health outcomes after discharge, thus offering a basis for answering the PICOT question and supporting the capstone project.	This study is important to the capstone project since it presents an evidence basis for further assessment of the impact of TFU on lowered readmissions. The recommendations made are critical in ensuring more focused research.